PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

020472000410

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		. 0			X\$ 9=	_	OR	X\$18=		
INDEPENDENT CLAIMS			✓ minus 3 =		• 6			X40=		OR	X80=	o i	
MULTIPLE DEPENDENT CLAIM PI			RESENT		=			+135=		OR	+270=		
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	į	TOTAL	355		ŢOTĄL		
,	The c	(Column 1)	MENDED	WENDED - PART II (Column 2) (Column 3)				SMALL ENTITY OR			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	" L	5 B	=		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MU	Minus	***	3	=		X40=		ÓR	X80=		
- 31-d - 7.	FIRST PRESE	NTATION OF MC	JLTIPLE DEP	ENDEN	CLANVI			+135=	- (10)	ØR	+270=	-	
							1	TOTAL ADDIT. FEE	~	OR	TOTAL ADDIT. FEE	on I i and a health and though the	
		(Column 1)	(Column 3)	จ -									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	***	CL AIA4]=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MIC	DETIPLE DEP	ENDEN	CLAIIVI			+135=		OR	+270=		
	•						L	TOTAL ADDIT, FEE	C. Namani C. Land de Miller	OR	TOTAL ADDIT. FEE	****	
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	F CL AINA	<u> </u>		X40=		OR	X80=		
<u></u>	THOI PHESE	NTATION OF M	JETIPLE DEF	CINDEN	LAIM			+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										ΛB	TOTAL ADDIT. FEE		
		mber Previously Pa ber Previously Pa						_	ropriate bo				